

National Transportation Safety Board

**FACTUAL REPORT
AVIATION**

NTSB Accident/Incident Number

M I A 0 0 F A 0 4 1 A

Supplement A

—Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft

| | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|---|--|
| 1 Engine #1 Serial No. <u>L-529-77T</u> A Other | | 2 Engine #2 Serial No. <u>RL-551-72T</u> A Other | | 3 Supercharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other | | 4 Turbocharger Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other | | 5 Propeller Manufacturer <u>HARTZELL</u> A Other | | 6 Propeller Model/Series <u>HC-C2YK-2CEUF</u> A Other <u>HC-C2YR-2CLEUF</u> | |
| 7 Propeller Type (Multiple entry) 1 <input type="checkbox"/> Wood 2 <input checked="" type="checkbox"/> Metal 3 <input type="checkbox"/> Composite 4 <input checked="" type="checkbox"/> Constant speed-controllable pitch | | | | 5 <input type="checkbox"/> Ground Adjustable/variable pitch 6 <input type="checkbox"/> Reversible 7 <input type="checkbox"/> Full automatic feathering 8 <input checked="" type="checkbox"/> Full manual feathering A Other | | | | 8 Aircraft STOL Modification Installed 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other | | | |
| Landing Gear Positions (If fixed gear, go to block 12) | | 9 Nose/Tail 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other | | 10 Left Main 1 <input type="checkbox"/> Up 2 <input type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other <u>UNK</u> | | 11 Right Main 1 <input type="checkbox"/> Up 2 <input checked="" type="checkbox"/> Down 3 <input type="checkbox"/> Intermediate A Other | | For Rotorcraft or Balloon accidents, go to block 20. | | | |
| Control Surface Positions | | 12 Left Trailing Edge Flap 1 <input type="checkbox"/> Up A Extended _____ deg. B Other <u>UNK</u> | | 13 Right Trailing Edge Flap 1 <input type="checkbox"/> Up A Extended _____ deg. B Other <u>UNK</u> | | 14 Speed Brake 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed A Other | | 15 Spoiler 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Stowed 3 <input type="checkbox"/> Deployed 4 <input type="checkbox"/> Deployed Asymmetrically A Other | | | |
| Trim Tab Positions (Multiple entry) | | 16 Left Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other | | 17 Right Aileron 1 <input checked="" type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Up 4 <input type="checkbox"/> Down A _____ deg. B Other | | 18 Rudder 1 <input type="checkbox"/> Not Installed 2 <input type="checkbox"/> Neutral 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right A _____ deg. B Other <u>UNK</u> | | 19 Elevator/Stabilator/Ruddervator 1 <input type="checkbox"/> Neutral 2 <input type="checkbox"/> Up 3 <input type="checkbox"/> Down A _____ deg. B Other <u>UNK/NA</u> | | | |
| Cargo Restraint System | | 20 Cargo Restraint Installed (Multiple entry) 1 <input type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input checked="" type="checkbox"/> Straps/tie down A Other | | 21 Cargo Restraint Used (Multiple entry) 1 <input checked="" type="checkbox"/> None (Go to block 26) 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other | | 22 Cargo Restraint Failed (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Cargo net 3 <input type="checkbox"/> Straps/tie down A Other <u>UNK</u> | | | | | |

Computed Weight and Balance Information— Complete when weight and/or center of gravity limitations are exceeded on accident flight. (Otherwise go to block 32)

Takeoff

| | | | | | |
|---|--|---|--|--|--|
| 26 Weight _____ Lbs. | | 27 Center of Gravity A _____ % MAC or B _____ Inches | | 28 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches | |
| Accident | | | | | |
| 29 Weight _____ Lbs. | | 30 Center of Gravity A _____ % MAC or B _____ Inches | | 31 CG Range (Multiple entry) 1 <input type="checkbox"/> At takeoff weight 2 <input type="checkbox"/> At max gross weight A _____ % MAC to _____ % MAC or B _____ Inches to _____ Inches | |
| 32 Fuel On Board At Accident 1 <input checked="" type="checkbox"/> Estimated 2 <input type="checkbox"/> Verified A Total gallons <u>92</u> B Other | | | | | |

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Supplement A—Wreckage Documentation, Single and Twin Reciprocating Engine and Unpowered Aircraft (continued)

| Fuel Tanks | Fuel on Board at Accident | | | D Tank Construction | | | | F Spillsafe Fittings | | | H Fuel Leakage/Rupture | | | | |
|---------------|---------------------------|--------------------|---------|---------------------|-----------|---------|---------|----------------------|------|---------|------------------------|--------|-----------|--------|---------|
| | A Gallons Estimated | B Gallons Verified | C Other | 1 Wet Wing | 2 Bladder | 3 Metal | E Other | 1 Yes | 2 No | G Other | 1 None | 2 Line | 3 Fitting | 4 Tank | I Other |
| 33 Left Wing | 46 | | | | X | | | | X | | | X | | | |
| 34 Right Wing | 46 | | | | X | | | | X | | | | | X | |
| 35 Left Tip | | | | | | | | | | | | | | | |
| 36 Right Tip | | | | | | | | | | | | | | | |
| 37 Fuselage | | | | | | | | | | | | | | | |
| 38 (Specify) | | | | | | | | | | | | | | | |

| | |
|---|---|
| 41 Fuel Found In #1 Engine (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A Other | 42 Fuel Found In #2 Engine (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Lines 3 <input type="checkbox"/> Gascolator/strainer 4 <input type="checkbox"/> Carburetor/fuel injector 5 <input type="checkbox"/> Engine driven pump 6 <input type="checkbox"/> Auxiliary fuel pump 7 <input type="checkbox"/> Filter(s) 8 <input type="checkbox"/> Selector valve 9 <input type="checkbox"/> Fuel manifold/spider 10 <input type="checkbox"/> Accumulator tank A Other |
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|--|--|--|---|
| 43 Flight Controls, Evidence or Operational Failure or Malfunction (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Pitch control 3 <input type="checkbox"/> Roll control 4 <input type="checkbox"/> Yaw control A Other | 44 Airframe/Structure, Evidence of In-Flight Separation/Failure (Multiple entry) 1 <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Helicopter (Complete Supp. G) 3 <input type="checkbox"/> General disintegration 4 <input type="checkbox"/> Left wing 5 <input type="checkbox"/> Right wing 6 <input type="checkbox"/> Left stab/elevator 7 <input type="checkbox"/> Right stab/elevator 8 <input type="checkbox"/> Vertical fin/rudder 9 <input type="checkbox"/> Canard 10 <input type="checkbox"/> Powerplant 11 <input type="checkbox"/> Cabin/cargo door A Other | 45 Propeller, Evidence of In-Flight Separation/Failure 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other | 46 Powerplant, Evidence of In-Flight Mechanical Malfunction 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No A Other |
|--|--|--|---|

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| 47 Fuel, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other UNK | 48 Oil, Evidence of Improper Grade or Contamination (Multiple entry) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Improper grade 3 <input type="checkbox"/> Contamination A Other UNK |
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Emergency Locator Transmitter (ELT) Information

| | | |
|---|---|---|
| 51 ELT Manufacturer Communications Components Corp. A Other | 52 ELT Model No. CIR-11-2 A Other | 55 Preimpact ELT Location(s) (Multiple entry) 1 <input type="checkbox"/> Cockpit 2 <input type="checkbox"/> Cabin 3 <input checked="" type="checkbox"/> Tailcone 4 <input type="checkbox"/> Empennage 5 <input type="checkbox"/> Raft 6 <input type="checkbox"/> Survival Kit A Other |
| 53 ELT Battery Type 1 <input type="checkbox"/> Alkaline 2 <input type="checkbox"/> Cadmium 3 <input type="checkbox"/> Nicad 4 <input type="checkbox"/> Nickel 5 <input type="checkbox"/> Lithium A Other UNK | 54 ELT Battery Expiration Date (Nos. for M. D. Y) MAY 2000 A Other | |

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| 56 ELT-Reason for Noneffectiveness/Failure (Multiple entry) 1 <input checked="" type="checkbox"/> Operated effectively 2 <input type="checkbox"/> Insufficient G's 3 <input type="checkbox"/> Improper installation 4 <input type="checkbox"/> Battery dead 5 <input type="checkbox"/> Battery corroded 6 <input type="checkbox"/> Battery installation incorrect 7 <input type="checkbox"/> Incorrect battery 8 <input type="checkbox"/> Fire damage 9 <input type="checkbox"/> Impact damage 10 <input type="checkbox"/> Antenna broken/disconnected 11 <input type="checkbox"/> Water submersion 12 <input type="checkbox"/> Unit not armed 13 <input type="checkbox"/> Shielded by wreckage 14 <input type="checkbox"/> Shielded by terrain 15 <input type="checkbox"/> Internal failure 16 <input type="checkbox"/> Test satisfactorily after accident 17 <input type="checkbox"/> Signal direction altered by terrain 18 <input type="checkbox"/> Packing device still installed 19 <input type="checkbox"/> Remote switch off A Other |
|---|